

1. NUMBER: FD33-00-0015	2. PCN: PB20093	MSFC ENGINEERING CHANGE REQUEST (ECR) (See Instructions: MSFC Form 2327-2)	3. DATE: 07/11/2000	4. PAGE: 1 OF 1
5. TO: FD32/Tina Melton		6. THRU: FD33/Rose Lindsey		7. FROM: FD33/Mardi Wilkerson
8. TITLE OF CHANGE: Update to SSP58700 PODF Management Plan Annex 3 - U.S. PODF Procedure Verification and Validation				
9. RECOMMENDED PRIORITY: <input type="checkbox"/> EMERGENCY <input type="checkbox"/> URGENT <input checked="" type="checkbox"/> ROUTINE		10. NEED DATE: <div style="text-align: right;">08/10/2000</div>		
11. PROGRAM(S)/PROJECT(S) AFFECTED:		12. CONFIGURATION ITEM(S) AFFECTED BY NOMENCLATURE:		
13. RECOMMENDED EFFECTIVITY(IES):		14. DOCUMENTATION AFFECTED (Specs, ICD, etc.): SSP58700 Annex 3		
15. RELATED CHANGES (ECR, ECP, CR, etc.) BY NUMBER:		15A. INITIATING DOCUMENT NUMBER (e.g., DR, Software Trouble Report, etc.):		
16. JUSTIFICATION FOR CHANGE (Include effect if not incorporated. If necessary, continue on MSFC Form 2327-1, Continuation Sheet): MOD at JSC mandated that the PODF Version Names be consistant with theODF Version names, therefore the names need to be changed within the document.				
17. EFFECTS ON: <input type="checkbox"/> HARDWARE <input type="checkbox"/> FACILITY <input type="checkbox"/> SCHEDULE (SEE ENCLOSURE _____ FOR IMPACT) <input type="checkbox"/> REQUIREMENTS DOCUMENTATION <input type="checkbox"/> SOFTWARE <input type="checkbox"/> ENVIRONMENT <input type="checkbox"/> COST (ESTIMATED COST INCLUDED IN ENCLOSURE _____) <input type="checkbox"/> OTHER (SPECIFY): _____				
18. DESRIPTON OF CHANGE (Include reference to enclosure. If necessary, continue on MSFC Form 2327-1, Continuation Sheet.): 1. See attached 2. Figure 4-1 U.S. PODF/Procedure Verification/Validation Process Flow From: "CRs" To: "ECRs"				
19. MOD KIT INFORMATION:				
YES NO			Enclosure	Paragraph
<input type="checkbox"/> <input type="checkbox"/> Previously issued modification instructions affected? (Explain)				
<input type="checkbox"/> <input type="checkbox"/> Proofing of modification instructions and kit installation required? (Explain)				
Proofing location:				
<input type="checkbox"/> <input type="checkbox"/> Retest required? (Identify test invalidated by change)				
<input type="checkbox"/> <input type="checkbox"/> Requalification required? (Include description of test plan for requalification)				
Vehicle/Site & CI Serial No.	Change Period	Mod Kit Delivery Date	Est. M/H for Mod Kit Instl.	Out-of-Service Time
20. SIGNATURE OF ORIGINATOR: Mardi Wilkerson /s/		DATE: 07/11/2000	TELEPHONE NUMBER: 544-3269	OFFICE SYMBOL: FD33
21. CONCURRENCE				
SIGNATURE	ORG. CODE	DATE	SIGNATURE	ORIG. CODE
22. TECHNICAL APPROVAL				
SIGNATURE	ORG. CODE	DATE	SIGNATURE	ORIG. CODE